SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	20-0229
Date:	8-25-20
Amount Paid:	\$75 8-13-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

TYPE OF PERMI	T REQUES	TED-	X	LAND USE SA	ANITARY PRIVY	□ CONDITIO	NAL USE	SPECIAL USE	□ B.O.A. □	OTHER
Owner's Name: Ma					Mailing Address:	13	City/State/Zip		CUACI	Telephone: H
Address of Proper		CLV	- Me	18011	City/State/Zip:		Washb	arn WI	54891	373-07
78415 H	my 13	Mo	nuddas	WI				54	1891	Cell Phone:
Contractor:	,			C	ontractor Phone:	Plumber:		,		Plumber Phone
Authorized Agent	: (Person Sig	ning Appli	ication on beha	If of Owner(s))	gent Phone:	Agent Mai	ling Address (in	clude City/State	e/Zip):	Written
17/										Authorization Attached Ves No
PROJECT LOCATION	Legal	Descrip	tion: (Use 1	Tax Statement)	Tax ID#	60		Reco	rded Document: (S	
NE 1/4, _	SW	410	Gov't Lot	Lot(s) CSI		The state of the s	.ot(s) # E	Block # Subd	ivision:	361060
		1/4	10							
Section 2	, Tov	nship _	49 N,	Range <u>04</u> W	Town of:	bayview	J	Lot S	ize	Acreage 4.
				in 300 feet of River, of Floodplain?	Stream (incl. Intermittent) If yescontinue	Distance Str	ucture is from		Is your Proper in Floodplain	Are Wetl
Shoreland -				in 1000 feet of Lake,		Distance Structure is from Shoreline			Zone?	Presen
					If yescontinue -			feet	☐ Yes	≥ No
Non-Shorelan	nd				¥ * * *	V				·
Value at Time		7.7%)				Total # of		What T	vne of	Тур
of Completion * include		Projec	t	Project	Project	bedrooms		Sewer/Sanita	ry System(s)	Wa
donated time & material				# of Stories	Foundation	on property	ai.	Is on the pr Will be on the		0
& Illaterial	☐ New	Constr	uction	1 -Story	☐ Basement			ipal/City	e property:	prop
\$ 1,800	☐ Addi	dition/Alteration		☐ 1-Story + ☐ Foundation		□ 2	☐ (New) Sanitary Specify Type:		ecify Type:	₽W
	□ Conv	nversion		Loft Slab		377. 2	☐ Sanitary (Exists) Specify Type:			
			isting bldg)	,	Siab	Ø 3		D':\		
	Run				Use	□ None	□ Privy (Pit) or □ Vaulted (min 200 gallon) □ Portable (w/service contract)		gallon)	
	Property				Compost Toilet					
	X WO	ad sh	ed				□ None			
xisting Structu	ure: (if add	lition, alt	eration or bu	siness is being applied	d for) Length:		Width:		Height:	
roposed Cons	truction:	(overa	all dimension	ns)	Length:	24.1k	Width:	13.67	Height:	12
Proposed I	Use	1			Proposed Structu	re			Dimensions	Square
			Principal	Structure (first st	ructure on property)			1	X)	Footag
			Residence (i.e. cabin, hunting shack, etc.)					(X)	
Residential Use			with Loft					X)		
with a Porch (X						X)				
				with (2 nd) Porc	h			(x)	
				with a Deck	-			(X)	
Use with (2 nd) Deck with Attached Garage Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities						(X)			
					-1041	X)	Λ			
									X)	
☐ Municipal Use			Mobile Home (manufactured date) Addition/Alteration (explain)						X)	-
			Accessory Building (explain)						X)	
	Accessory Building (explain) Accessory Building Addition/Alteration (explain) WOOD Shed Wehind						10 12	4,16 13,67	200	
				GALAGIO						330
			Special Use: (explain) Conditional Use: (explain)						X)	
			Condition	nal Use: (evalain)				1	V 1	
			Condition	nal Use: (explain) _ xplain) _				(x)	

result of Bayfield County relying on this information I (we) am (are) providing and that It will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 8.10.20

Owner(s):	Nielson	
(If there are Multiple Owners listed on the	e Deed <u>All</u> Owners must	sign or letter(s) of authorization must accompany this application)

Date _

Authorized Agent: _ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Fill Out in Ink - NO, PENCIL

: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)Show any (*): (7)Show any (*): (*) Wetlands: or (*) Slopes over 20% Prainfield west of house WELL 401 < HWY 13 -> N Please complete (1) - (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) NONE Impacted) Setback Setback Description Description Measurements Measurements Setback from the Centerline of Platted Road 120 Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way 70 Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line 220 Feet Setback from the South Lot Line 142 Feet Setback from Wetland Feet Setback from the West Lot Line 347 Feet 20% Slope Area on the property ☐ Yes □ No Setback from the East Lot Line Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to Drain Field 180 Feet Setback to Privy (Portable, Composting) Feet Prior to the placement or construction of a structure within ten (10) feet of the minimum nother previously surveyed corner or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from isly surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits. You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900. Sanitary Number: # of bedrooms: Sanitary Date: Issuance Information (County Use Only) 11-1005 Permit Denied (Date): Reason for Denial: Permit #: Permit Date: 20-0229 Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) _ Mitigation Required Affidavit Required ☐ Yes □ No Is Parcel in Common Ownership ☐ Yes (Fused/Contiguous Lot(s)) No Mitigation Attached ☐ Yes □ No Affidavit Attached No Is Structure Non-Conforming ☐ Yes ☐ Yes Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) ☐ Yes **☑** No Case # Was Parcel Legally Created ☐ Yes ☐ No Were Property Lines Represented by Owner Yes □ No Was Proposed Building Site Delineated Yes No Was Property Surveyed ☐ Yes □ No Inspection Record: owner on-sike and Project shoul. S lean-to add-hon to garage. Appears Code com, (AGI) **Zoning District** Lakes Classification (Date of Inspection: 8 - 19 - 20Inspected by: Date of Re-Inspection: Condition(s): Town, Committee or Board Conditions Attached? | Yes | No - (If No they need to be attached.)

Structure not for human hebitation. No pressurize alloved in structure, Mist meet and Signature of Inspector: Date of Approval: Hold For TBA: Hold For Sanitary: Hold For Affidavit:
____ Hold For Fees:

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Rebecca Nielson 20-0229 Issued To: No. 2 Par in **Bayview** Location: NE Section Township Range 4 W. Town of Subdivision CSM# Gov't Lot Lot Block

For: Residential Accessory Structure Addition: [1-Story; Shed (24' x 13') = 330 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not for human habitation. No pressurized water or plumbing allowed in structure.

Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 25, 2020

Date